U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 88-257, as amended Failure to comply may result in oriminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

Official Use Only	
Specia	
3 NR 18 MB	
OMS OF	_
	Official Use Only ODL EST No.18715

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 9793	2 Fiscal Year Covered From	
	1 / 2004 Through [2 / 3] / 2004	
3 Name and address of person filing	4 Name, file number, and address of labor organization	
Name Charles E SEATON	Name International Longstorement Association	
	Labor Organization File Number 0/0 470 LOCAL 1766	
P O Box, Bidg , Room No , if any	P O Box, Building and Room Number, if any	
Street 8000 Mason boro Sd Rd	Street 2/22 BUNETT BIVD	
City Wilmington	City Wilmington	
State N C ZIP Code + 4 Z8+09	State NC ZIP Code + 4 ZB40	
5 Position in labor organization PRESI DENI		
Enter appropriate data below if, during the past fiscal year, you or your apouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of on represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income	
Name		
Trade Name, if any		
P O Box, Bldg , Room No , if any		
Street	7 b Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions)		
signed Charles & Sealon	On 8/12/05 910 763 1718 Date Telephone Number	

Name of Person Filing Charles E SEATON	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name, if any) Name	9 Business deals with Langshere TurchsTry a Labor Organization b Trust c Employer	
Name Imployer-IIA Perkin, Welfare Evacution Fow Trade Name, if any PO Box, Bldg, Room No, if any City Wilminston State NC ZIP Code + 4 Z8402	11 a Nature of such dealing TRAVEL REIMBURSEMENTS FOR INTERNATIONAL FOUNDATION ANNUAL EmployEE BENEFITS Conference 11 b Approximate dollar value of such dealing 12 a Nature of Interest held or income received TRAVE Reimburse ments For	
	International Foodation Annual Employee Benefits Conference 12 b Amount 7026.08	
C Received from any employer (other than an employer covered unde		
or from any labor relations consultant to an employer any payment of money	or other thing of value 14.a. Nature of payment.	
13 a Name and address of Employer or Labor Relations Consultant (Including trade name, if any) Name Trade Name, if any		
P O Box, Bldg , Room No , if any Street		
State ZIP Code + 4		
13 h is the Rusiness an Employer or Consultant ?	14 b Amount of payment.	